State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment for Hospital Outpatient Care

For all inclusive care given in the emergency room in a licensed general hospital related to acute physical injury, payment will be made up to $28.00 for use of emergency room. Payment for necessary diagnostic x-ray and laboratory studies will be made in accordance with the statewide procedure based reimbursement fee schedule. Payment for other medically necessary ancillary services under the EPSDT program is made at 50% of the billed charges. The payment will not exceed the total allowable amount for comparable services under comparable circumstances under Medicare in the aggregate. Separate fees for outpatient emergency services are not payable to the hospital if the patient is admitted to the same hospital within twenty-four hours under the hospital service of the Department's medical care program. Take-home drugs (medication) prescribed or supplied are not compensable under Title XIX funds for inpatient or outpatient care. An emergency room assessment fee of $10.00 will be paid for those services which do not meet the criteria for emergency medical condition.

The methodology used to calculate the $10.00 fee is as follows:

Step 1: The Medicare allowable fee of $18.54 for emergency room assessment is multiplied by a factor of 50%, $18.54 ÷ 2 = $9.27.

Step 2: The results of step one is multiplied by CPI index factor for medical care from midpoint of base year (calendar year 1996) to the midpoint of the rate year, $9.27 x 1.04 x 1.032 = $9.95.

Step 3: The result of step 2 is rounded up by .05 cents to establish a rate of $10.00 per emergency room visit.

2. **Therapeutic radiology** - Payment is made to the hospital for therapeutic radiology rendered to outpatients at the hospital on the basis of reasonable charges. If payment is made only to the provider of the source and includes the professional component, the total fee is determined on the basis of reasonable charges.

3. **Dialysis** - Payment is made to the hospital for dialysis rendered to outpatients on the basis of reasonable charges.

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3-14-00
12-1-99
99-23

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TN# 97-12

State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

3. **Outpatient surgical services** – Payment is made for facility services for certain outpatient surgical procedures. The list of covered outpatient surgical procedures is maintained in the Agency procedure code computer database, and the Agency library. The surgical procedures are classified into four payment groups, taking into consideration the Medicare methodology for payment of Ambulatory Surgical Centers. All procedures within the same payment group are paid at a single payment rate. The rates applicable to the payment groups are as follows:

Group I	$224.15
Group II	$266.85
Group III	$287.23
Group IV	$326.04

STATE Oklahoma
DATE 10-30-98
DATE 3-14-00
DATE EFF 12-1-98
HCFA ID 99-23
A

State OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

6. Outpatient Mental Health Services - Outpatient Hospital

Payment rates are established using a Medicaid behavioral health relative value unit (RVU) fee schedule. A monetary conversion factor (CF) will be used to determine the overall level of payment to providers for each service. The conversion factor is based on 1996 utilization and payment data (baseline). The formula for calculating the rate for each service is as follows:

RVU x CF = Rate

The conversion factor used to calculate the rates for services furnished to adults in public mental health facilities (and for providers who contract with the State mental health agency) is cost related, to ensure the financial solvency of these facilities who provide a broad array of mental health services, and are mandated by the State to bear responsibility for indigent mental health services.

The conversion factor used to calculate the rates for services to all children and for adults in private facilities is baseline adjusted, in order to result in payment rates that are comparable to those paid to private physicians and/or other non-physician practitioners, for mental health services covered elsewhere under the State Plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Oklahoma

REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

For services covered by the OMB rate provided to Native Americans by a qualified facility operated by the Indian Health Service, the applicable rate will be paid as published and specified in the Federal Register

STATE Oklahoma
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

1. Payment for rural health clinic services

Payment for rural health clinic services is made on a cost rate basis which is determined in accordance with Title XVIII Medicare regulations. Payment for other ambulatory service other than rural health clinic services is made at the rate established by the State, subject to the upper limits as defined by Federal Regulations.

STATE Oklahoma
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DATE APPV'D 6/29/83
PCO-11 83-5

#1

State OKLAHOMA

Corrected
Attachment 4.19-B
Page 2a

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

7. Payment for certain Federally Qualified Health Center services.

Reimbursement for certain federally qualified health center services is paid at facility specific rates to cover 100% of reasonable costs for medical and dental encounters. Interim rates are established annually for each facility from the facility's most recently filed cost report. An annual settlement adjustment will be calculated to retrospectively applied cost report information. The Medicare principles of reasonable cost, as specified in 42 CFR Part 413 as applicable, are used to determine 100% of reasonable costs for services. The cost per encounter is calculated using formula as that used by Medicare for federally-funded health centers in the HCFA-242 cost report form.

In the absence of facility-specific cost report data, new facilities are reimbursed on an interim basis at rates for medical and dental encounters.

Costs of pharmacy services are excluded from the medical encounter rates and are paid as described in Attachment 4.19-B, Pages 7 and 7a. Reasonable costs will be determined from the audited cost report. The principles of reasonable cost are used to determine the cost for FQHC services. If reasonable costs are not paid through the vendor drug program, they will be paid by the Department retroactively for pharmacy services.

STATE Oklahoma
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DATE APP'D 10-18-91
DATE OF 4-1-90
HCFA 179 90-09
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90-89
New Page

10/18/91

4/1/90

Corrected
Attachment 4.19-B
Page 3

State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

1. Payment for physicians' services (includes medical and remedial care and services

Effective for services provided on and after December 1, 1992, payment for physician care, services and supplies is made in accordance with the Medicare Physician Payment Reform Methodology. Reimbursement rates are established at 75 percent of the Medicare allowable. This methodology does not apply to rates for anesthesia services, obstetrical services for delivery, antepartum and postpartum care and EPSDT screenings. Rates for anesthesia services, obstetrical services for delivery, antepartum and postpartum and EPSDT screenings ... set in accordance with the statewide procedure based reimbursement methodology established by the state. Reimbursement limits per procedure are determined based on a review of previous payment amounts set by DHS and Medicare methodologies. The base limits for each procedure were established through comparison of the 75th percentile of both DHS and Medicare. The lower of DHS of Medicare was chosen as an initial base. Comparable procedures were then subjected to procedure by procedure analysis in terms of complexity or degree of difficulty. A Procedure Review committee consisting of medical professionals made the final determination. Adjustments to payment limits on an individual procedure will be considered by the Procedure Review Committee on a periodic or as needed basis as requested by medical providers.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

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1. Payment for home health care services

Payment is made for home health services based upon the average hourly rate for registered nurses in the State, plus benefits, plus travel, plus miscellaneous disposable supplies, equals the rate.

The formula for this rate is as follows:

Hourly Rate, or Salary (S) + Benefits (B) + Travel (T) + Miscellaneous supplies (M) = Rate.

$$S + B + T + M = Rate$$

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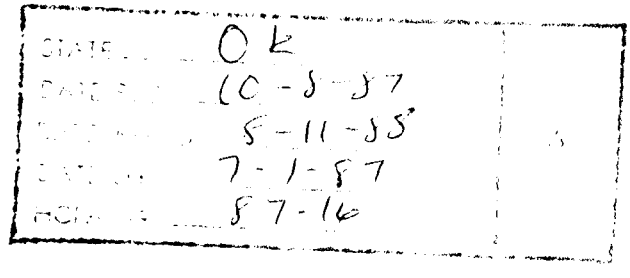
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

1. Mental Health Clinic Services - Clinic

Payment will be made at a rate established by DHS for each unit of service described in Attachment 3.1-A, page 4a-1, 4a-1.1 and 4a-1.1a; and Attachment 3.1-B, page 4a-1. The payments will not exceed the total allowable amount for comparable services under comparable circumstances under Medicare. Payment rates will take into consideration the prevailing rates for same and similar services in the community.



Free-Standing Ambulatory Surgery Center - Clinic

Payment for facility services will be made to free-standing ambulatory surgery centers which have a contract with the Department. Reimbursement will be made at a state-wide payment rate for selected surgical procedures. The rate will be four levels and takes into consideration the Medicare methodology for payment of Ambulatory Surgical Center facility services.

STATE OK	A
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